MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH DEPARTMENT OF PUBLIC HEALTH AND WELFARE -62-01					
	OT WRITE AMENDED		Registration District No. 138 Primary Registration District No. 5527 Registrar's No. 81	STATE FILE NUMBER	
ON THIS STUB					
VC 000	lo I	1 1 1	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY	_	
VS 300 Rev. 4/59	AMENDED	!		HICKORY	
1.00. 4,07	볿		OR OR	Inside Limits	
10430	₹ ¥		-	Yes No 🗹 Reside on Farm	
			HOSPIPAL OR	Yes No	
20430-	DAT			AND	
3			3. NAME OF DECEASED First Middle Lest 4. DATE OF OF	Month Day Year	
4 0			5 SEY A COLOR OF PACE 7 Married Navar Married 8 DATE OF RIPTH 9. AGE (last birthd		
			Midowed Divorced To	Months Days Hours Min.	
5 /			10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or count	try) 12. CITIZEN OF WHAT COUNTRY	
6	S S		during most of working life, even if retired)		
7 /			13a. FATHER'S NAME 13b. MOTHER'S MAIDEN NAME 14 NAME	OF HUSBAND OR WIFE	
	호		L.G. Chancy Mary Sanders Emm	A Chaney	
	2		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) I (If yes, give war or dates of service)	Address	
94350	<u> </u>		NO NOND CAMEN-	Wheatland, Mu	
10	¥		18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH	
	DOF	DOCUMEN	IMMEDIATE CAUSE (a) Chronic hyperactiles -		
11		5			
1298-0	HIS RECINSTEAD		which gave rise to		
13 / 4	ĔĔ		above cause (a), stating the under-		
			lying cause last. J DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PA	ART III. If deceased was female wa	
1	0		disease condition given in PART I (a)	ART III. If deceased was female wa there a pregnancy in last 90 days	
	<u> </u>		,	☐ Yes ☐ No ☐ Unknow	
]	AMENDMEN		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE PERFORMED? YES NO FOR THE SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal PART II (a)	y in PART I or PART II of item 18.)	
Z	\$	111	20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.		
USE BLACK INK OR PEWRITER RIBBON	`	1	p.m. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION	COUNTY STATE	
		111	20d. INJURY OCCURRED WHILE AT WORK 100	COOM!	
2 % %	[유]]	V 10/9/ 14 1 20 1/6	4/20/10/	
≩ ∪	REA	1	21. I attended the deceased from him alive or		
. ii.	일		Death occurred at		
USE BLACE OR TYPEWRITER	SHOULD			22c. DATE SIGNE	
F	S		23a. BUBIAL CREMATION, 1 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City,	town, or county) (State)	
	o N	AFFIDAVIT	23a. BUBIAL CREMATION, 23b. DATE 23c. NAME OF CEMETERY OF CREMATORY 23d. LOCATION (City, PMOVAL (Specify) 4-25-1965 // Compile Complete Vision (City, PMOVAL (Specify) 4-25-1965 // Compile Co	(Sidile)	
j		AFF	24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY COCAL REG. 26. REGISTRAR	'S SIGNATURE	
	ITEM		1. the the thouse - Wheaten Ms 4/26/1962 May	Johnson	
!	1 1	1 1 1	(Licensed Embalmer's Statement on Reverse Side)	0-11-01	

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name	is recorded on the reverse side of this certificate was embalmed by me,
or by	, Student Embalmer No
working under my personal supervision.	Al O'll the
StudentSignature of Student Embalmer	Signed Man Siller Howay
•	Licensed Embalmer No. 1267
	P. O. Address Librations, Mile

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.